

STATE OF TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION

ACH (AUTOMATED CLEARING HOUSE) CREDITS (Not Wire Transfers)

NAME			
Federal Identification	Number or Social Security Number	r	
		(under which you are doing busine	ss with the State)
account) CHECH		called the STATE, to initiate credit of dicated below and the depository nar	
termination in such ti	me and in such manner as to afford	the STATE and DEPOSITORY a rea	·
		ACH? (Yes or No). If y	
information to replace	e existing account information curre	ently on file with the State?	(Yes or No). If yes, please specify the
existing account that	should be changed: ABA No	Account No.	Is this
authorization only for	certain types of payments?	(Yes or No). If yes, please indica	te types:
number. Bank official contacte	tions use different numbers for ACF	H. Please call your bank for verificat Phone No.	ion of ACH transit and account
DEPOSITORY/BAN	K NAME	BRANCH	
		ACCOUNT NO	
	(Please print names of auth	orized account signatory)	
DATE	SIGNED X	SIGNED X	
PLEASE ATTACH	A VOIDED CHECK (OR FOR S.	AVINGS ACCOUNTS, A DEPOSI	IT SLIP) AND MAIL OR FAX TO:
MARGARET WAY DIVISION OF ACC 312 EIGHTH AVE. 14 TH FLOOR TENN NASHVILLE, TN 3	NORTH ESSEE TOWER	Fax 615-532-2332	
PLEASE INDICIATE PAYMENTS ARE PI		OULD LIKE YOUR REMITTANCE	ADVICES ROUTED WHEN
	Contact name:		
	Telephone No.:		

FOR STATE USE ONLY:

Contact Agency: <u>TSAC 332.05</u> Contact Person: <u>David Chandler</u> Telephone No.: 615-741-1346